STUDIES IN EDUCATION

Online Journal ISSN: 2456-5261

Volume 01 Number 01 January 2016

Published by: Department of Education, University of Kerala, Thycaud,

Thiruvananthapuram, 695014, Kerala, India

Website: http://www.deku.education/journal.html

Global Mental Health for Twenty First Century Education

Tohid Moradi Sheykhjan And Rajeswari K.

ABSTRACT

Delivering mental health programs and services in education is not a new idea but it is time to bring mental health into focus. Momentum is gaining in terms of raising awareness, increasing understanding, and articulating strategies for advancing and integrating mental health. We need to know that all over the world everything is unique and unparalleled. As long as we do not respect the uniqueness of every individual, rivalry, competition, murders and violence will remain. The purpose of a real life is to observe, to learn, to grow, to love. Mental and behavioral disorders are the leading cause of disability worldwide. On the other hand mean problem is untruth brings success, if we have any love for mankind and if we really want to establish a new world, we have to think: From where has the present man come? From where has the present society been born? All of this violence that goes on, this suffering, anguish, helplessness and poverty in the world and where are all these coming from? We should rethink clearly as to what exactly is going wrong; we need to choose between: Education based on competition! Or Education based on love! The present education system is responsible for the current situation which is created by such education. There is no greater violence than that of pushing oneself ahead by pulling others back. But we are teaching this violence and calling it education. In a world based on this violence, if there are continuous wars it is no wonder! How long will this continue? Where will it stop? From where are these hydrogen bombs and atom bombs coming? Who is creating this situation? Can the world be a better place to live in when the poison of competition and ambition is being poured into the minds of children? Have we ever taught them to live a life of peace and joy? Is there any place for those who are unsuccessful? We are just creating the fever of success and in this way the factories of education are increasing. We call them

schools and universities! Conviction and commitment to advancing mental health as a global health priority will transform for the better the lives of hundreds of millions of people around the globe in the twenty first century.

Key words: Global, Mental Health, Education.

INTRODUCTION

Delivering mental health programs and services in education is not a new idea. Examples of existing practices include informational presentations to groups on specific mental health topics, consultation and training for parents, teachers and other school personnel, psycho educational assessment, individual and group therapy, one-on-one aides or mentors in the classroom for students with emotional problems, crisis intervention, post-trauma counseling, social skills training and much more.

MENTAL HEALTH

The World Health Organization has defined mental wellbeing as "a state of mind in which an individual is able to realize his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community" (World Health Organization, 2010).

GLOBAL MENTAL HEALTH

Global mental health is the international perspective on different aspects of mental health. It is the area of

study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide (Patel V, Prince M, 1976). Taking into account cultural differences and country-specific conditions, it deals with the epidemiology of mental disorders in different countries, their treatment options, mental health education, political and financial aspects, the structure of mental care systems, human resources in mental health, and human rights issues among others. The overall aim of the field of global mental health is to strengthen mental health all over the world by providing information about the mental health situation in all countries, and identifying mental health care needs in order to develop cost-effective interventions to meet those specific needs (Jump up Prince M., et al.,2007; Jump up Saxena S., et al.,2007; Jump up Lancet Global Mental Health Group, 2007).

INCREASING URBAN GLOBAL POPULATION

For the first time in human history, most of the world's population resides in

cities. Increasing urbanization creates unique opportunities and challenges for global mental health. First, for mental illness that is directly influenced by urban conditions, this represents an opportunity to develop, modify, and improve urban environments so they may become more health promoting. Successful examples in this regard remain few, but include for example, efforts to improve urban architecture to minimize risk of mood and anxiety disorders, or to improve safety and reduce the risk of traumatic events. Second, while urban areas have long represented areas of economic opportunity, they are also areas where vulnerable populations congregate. Consequently, cities are oftentimes environments in which persons with mental illness can be marginalized and endangered, or alternatively, provided with opportunities for economic advancement and access to services and draw public attention to mental health issues of particular importance to urban populations. Furthermore, this could strengthen support and prioritize the provision of targeted interventions and assistance. For example, much work has been done characterizing homeless/chemically dependent populations, (Bennett JB. & Scholler-Jaquish A., 1995; O'Connell MJ., Kasprow WJ. & Rosenheck RA., 2012) and the initiatives, such as critical time

interventions, (Kasprow WJ. & Rosenheck RA., 2007) that can assist these populations.

Finally, the growth of cities worldwide offers a historic opportunity to improve health care delivery systems given that as population density increases, the demand for services becomes more geographically concentrated. Therefore, health care services can be centralized and barriers to access reduced. Current shortages in expertise and limited access to health care, especially mental health care, for rural and remote communities is welldocumented worldwide (Collins PY., Patel V. & et al., 2011; Becker AE. & Kleinman A., 2013) .Cities that successfully promote collaborative efforts in urban planning and health care systems development, that are grounded in scientific evidence for promoting population health, will effectively reduce the risk for mental disorder.

NO HEALTH WITHOUT MENTAL HEALTH

Mental and behavioral disorders are common, serious and global. Integral to the human condition since recorded history, mental and behavioral disorders have a profound, life-altering impact on the human experience and exact enormous tolls of suffering, loss, and disability.

It is time to bring mental health into focus. Momentum is gaining in terms of raising awareness, increasing understanding, and articulating strategies for advancing and integrating mental health as part of the global health. Mood disorders (including major depression, bipolar disorder and dysthymia), anxiety, alcohol and drug abuse, and schizophrenia are among the top twenty conditions that result in the greatest burden of disability worldwide(Prince M., Patel V. & et al., 2007; Murray CJ., Vos T. & et al., 2013). In fact, disability associated with mental and behavioral disorders exceeds the burden associated with other noncommunicable diseases such as cancer, diabetes, and cardiovascular disease, as well as HIV/AIDS, neurological diseases, war and injuries (Murray CJ., Vos T. & et al., 2013). And left unabated, unipolar depressive disorder is on track to be the leading cause of total disease burden by 2030 throughout the world, regardless of country income-level(Grandes G, Montoya I. & et al., 2011). Given that many mental and behavior disorders emerge in adolescence and persist into adulthood, disability associated with mental illness has a particularly profound impact given that these developmental years would otherwise typically be the most productive

educationally, professionally and economically.

THE ROLE OF EDUCATION SYSTEMS FOR GLOBAL MENTAL HEALTH

Education and well being are interrelated. The challenges of the twenty first century demand collaboration across groups to assure both achievement and well being for global mental health through the education system. Public mental health and education agencies, schools and family organizations must work together to meet the positive social, emotional and educational needs of every child. Education system urgently need a broad range of mental health programs and services, including strategies for building a supportive school environment, strategies for early intervention, strategies for intensive intervention and a framework for trauma response.

In developing a shared agenda, potential policy-makers, teachers, partners must grasp the prevalence of mental health problems affecting our children and youth. To help combat the growing international trend of childhood and youth mental health problems, education must reorient their system to play an active role in promoting mental health and well-being of people. Specifically, education for the twenty first century need to examine their practices to

develop education system in which students are academically, behaviorally and socially successful. Education system is in a unique and important position to integrate the essential protective factors shown to contribute to mental health development and maintenance. We need to develop an alternative vision to policy of education, curriculum development, school leadership, teaching and learning environment, teachers' quality and evaluating of children. For develop this kind of vision we need to learn from each other, exchange experiences and enhance collaborative research.

CONCLUSION

All over the world everything is unique and unparalleled. As long as we do not respect the uniqueness of every individual, rivalry, competition, murders and violence will remain. As long as we continue to compare one man with the other we will always remain on the wrong path. That wrong path is that we are creating a desire in man to be like someone else; and the fact is that no one has been or can be like any other man.

The purpose of a real life is to observe, to learn, to grow, to love and that is the truth but whereas we are on the wrong path of the truth. Mental and behavioral disorders are the leading cause of disability worldwide. On the other hand mean problem is untruth brings success, if we have any love for mankind and if we really want to establish a new world, we have to think: From where has the present man come? From where has the present society been born? Mental and behavioral disorders are the source of enormous human suffering across the lifespan and around the globe and of these wars, all of this violence that goes on, this suffering, anguish, helplessness and poverty in the world and where are all these coming from? We should rethink clearly as to what exactly is going wrong; we need to choose between: Education based on competition! Or Education based on love! The present education system is responsible for the current situation which

is created by such education.

There is no greater violence than that of pushing oneself ahead by pulling others back. But we are teaching this violence and calling it education. In a world based on this violence, if there are continuous wars it is no wonder! Every person is pulling the other down. Every person's hand is at the throat of someone else, and that every person's hand is in the pocket of someone else. How long will this continue? Where will it stop? From where are these hydrogen bombs and atom bombs coming? From competition and rivalry! It makes no difference whether this rivalry is between individuals or

nations. There is competition and one has to get ahead. If you are making an atom bomb, we shall make a hydrogen bomb, a super hydrogen bomb, but we cannot remain behind. We are not taught to remain behind. If you kill ten people, we will kill twenty. If you are destroying one country, we will destroy countries.

Who is creating this situation? Can the world be a better place to live in when the poison of competition and ambition is being poured into the minds of children? When a child is keen to go ahead of others and others want to leave him behind, then, after being educated for twenty years, what will he do in life? He will do what he has been taught it means that we are ready to destroy everything, but we cannot remain behind. It is all due to our education but we are not able to see the problem.

Have we ever taught them to live a life of peace and joy? No. We have taught them to live life by rising to higher positions. We have taught them how to earn more money and have better clothes. We have taught them to be greedier, because that is called success and the success is the only goal. Is there any place for those who are unsuccessful? Respect should be given to good deeds not to success. But success has become a value and the whole of life is revolving around that center. We are just creating the fever of success, and so it is only natural that

one who wants to succeed in the world does what he/she can do. Success hides all wrong doings. In this system of education there is no place for unsuccessful people. We teach children just the contrary of what we expect them to do; our whole structure teaches contradictory things. What do we teach? We teach sympathy and generosity. But how can a competitive mind be generous and sympathetic? Our system is such that we don't realize that one who is pushing himself forward by pulling others back is a violent man. He/she is violent, and we are making him/her ready for violence. This way the factories of education are increasing. We call them schools and universities!

Conviction and commitment to advancing mental health as a global health priority will transform for the better the lives of hundreds of millions of people around the globe in the twenty first century.

REFERENCES

Becker AE. & Kleinman A.

(2013).Mental Health and the Global Agenda. New Engl J Med. 2013; 369:66-73.

Bennett JB. & Scholler-Jaquish A.

(1995). The Winner's Group: a Self-Help Group for Homeless Chemically Dependent Persons. J Psychosoc Nurs Ment Health Serv. 1995; 33:14-9.

Collins PY., Patel V., Joestl SS., March D., Insel TR., et al. (2011). *Grand*

Challenges in Global Mental Health. Nature. 2011; 475:27-30.

Grandes G., Montoya I., Arietaleanizbeaskoa MS., Arce V. & Sanchez A. (2011). The Burden of Mental Disorders in Primary Care. Euro Psychiatry. 2011; 26:428-35.

Jump up Prince M., Patel V., Saxena S., et al. (2007). No Health without Mental Health. Lancet 2007;370:859-77 doi:10.1016/S0140-6736(07)61238-0 PMID 17804063.

Jump up Saxena S, Thornicroft G, Knapp M. & Whiteford H. (2007).

Resources for Mental Health: Scarcity, Inequity, and Inefficiency. Lancet 2007; Published Online Sept 4.

doi:10.1016/S0140-6736(07)61239-2.

Jump up Lancet Global Mental Health Group. (2007). Scale up Services for Mental Disorders: a Call for Action. Lancet 2007; Published Online Sept 4.

Doi: 10.1016/S0140-6736(07)61242-2.

Kasprow WJ. & Rosenheck RA.(2007).

Outcomes of Critical Time Intervention case Management of Homeless Veterans after Psychiatric Hospitalization. Psychiatry Serv. 2007; 58:929-35.

Murray CJ., Vos T., Lozano R., Naghavi M., Flaxman AD., et

al.(2013). Disability-Adjusted Life Years (DALYs) for 291 Diseases and Injuries in 21 Regions, 1990-2010: a Systematic Analysis for the Global Burden of Disease Study 2010. Lancet. 2013; 380:2197-223.

O'Connell MJ., Kasprow WJ. &

Rosenheck RA. (2012). Differential Impact of Supported Housing on Selected Subgroups of Homeless Veterans with Substance Abuse Histories. Psychiatr Serv. 2012; 63:1195-205.

- **Patel V. & Prince M.** (2010). Global Mental Health A New Global Health Field Comes of Age. JAMA2010, 303(19):1976-7.
- Prince M., Patel V., Saxena S., Maj M., Maselko J., et al. (2007). No Health without Mental Health. Lancet. 2007; 370:859-77.

World Health Organization. (2010). Mental Health: Strengthening our Response. Fact Sheet No220.